

The tables in this file are for continuation of tables in the application if you need additional space.

Only submit pages that you use to continue tables from the application.

Do not submit blank pages with your application.

If using pen, use BLACK ink ONLY and print clearly.

Thank you

TABLE 1

Name	Date of Birth	Home Address	% of Direct Interest	Title/Position
Full Name: Please check one: <input type="checkbox"/> <i>QSCE or</i> <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: Please check one: <input type="checkbox"/> <i>QSCE or</i> <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		
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Full Name: Please check one: <input type="checkbox"/> <i>QSCE or</i> <input type="checkbox"/> <i>Personal or Business</i> <i>Disclosure attached</i>		Address: City: State: ZIP: Country:		

TABLE 2

Name of Affiliate/Affiliated Company	Address	% Direct Interest in Licensee	Authorized Representative	Position
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			

TABLE 3

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A	Address of Person	% of Direct Interest
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	

TABLE 4

[illegible]

TABLE 5[illegible]

TABLE 6

[illegible]

TABLE 7

Type of Gambling Operation	Position Sought or Held	Name, Address, and Telephone Number of Licensing Agency (Including State, County, or Municipality)	Disposition (Granted, Pending, or Denied)	If Issued - Provide License/Permit Number

TABLE 8

[illegible]

TABLE 9

[illegible]

TABLE 10

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					

TABLE 11

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()

TABLE 12

Nature of charge or arrest	Date of charge or arrest	Name & address of court involved	Disposition	Date	Felony or misdemeanor